

**SUPPLEMENTAL CIVIL COVER SHEET
FOR CASES REMOVED FROM STATE COURT**

*This form must be attached to the Civil Cover Sheet at the time
the case is filed in the United States District Court*

State Court County: _____

Case number and caption:

_____	_____	vs	_____
Case Number	Plaintiff(s)		Defendant(s)

Jury Demand Made in State Court: ☐ Yes ☐ No

If "Yes," by which party and on what Date:

_____	_____
Party	Date

Were there parties not served prior to removal? ☐ Yes ☐ No

Were there parties dismissed/terminated prior to removal? ☐ Yes ☐ No

Were there answers filed in State Court? ☐ Yes ☐ No

Is there a pending TRO in State Court? ☐ Yes ☐ No

If you have answered "yes" to any of the above please list parties not served, the parties dismissed/terminated and the parties that filed their answers on the reverse of this page.

On the reverse of this page please list all Plaintiff(s), Defendant(s), Intervenor(s), Counterclaimant(s), Crossclaimant(s) and Third Party Claimant(s) still remaining in the case and indicate their party type. Please list the attorney(s) of record for each party named and include their bar number, firm name, correct mailing address and phone number, including area code.

Are copies of all state case pleadings attached to your removal? ☐ Yes ☐ No

If your answer is "No", when will they be filed: _____

List the parties that are removing the case:

_____	_____
_____	_____
_____	_____

Parties Not Served	Parties Dismissed	Answers Filed
<i>I.E. Defendant John Doe</i>	<i>I.E. Defendant John Doe</i>	<i>I.E. Defendant John Doe</i>

Party and Type	Attorney(s)
<i>I.E. Plaintiff John Doe</i>	<i>I.E. Attorney(s) Name</i> <i>Firm</i> <i>Address</i> <i>City, State, Zip</i> <i>Telephone and Fax Number</i> <i>Supreme Court Number</i>

USE A SEPARATE SHEET OF PAPER IF NECESSARY

	Attorney(s) <i>I.E. Attorney(s) Name</i> <i>Firm</i> <i>Address</i> <i>City, State, Zip</i> <i>Telephone and Fax Number</i> <i>Supreme Court Number</i>
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